

# Catawba County **Emergency Medical Services**

## **Health Insurance Portability and Accountability Act Policy and Procedure**

### RELEASE OF MEDICAL INFORMATION TO LAW ENFORCEMENT

I understand that new federal privacy regulations prevent Covered Entities, in this case Catawba County EMS, from releasing protected health information. Exceptions for law enforcement, allowing them access to protected health information, are covered under 45 C.F.R. 164.512(f). I have identified below the exception(s) in the law which entitles me, a sworn law enforcement officer, to this information.

- \_\_\_\_ 1. The information is required to be reported to law enforcement by N.C.G.S. \_\_\_\_\_.
- \_\_\_\_ 2. A subpoena has been issued by the Court. (Attach copy).
- \_\_\_\_ 3. A valid administrative subpoena has been executed. Said subpoena includes a sworn statement that a) the information sought is material to a legitimate law enforcement inquiry; (b) the request is specific and limited in scope to the purpose for which it is being sought; and c) de-identified information could not reasonably be used (i.e., without SSN or name, the information would be useless as evidence). (Attach copy).
- \_\_\_\_ 4. The information is needed to locate or identify:
- \_\_\_\_ a suspect
  - \_\_\_\_ a fugitive
  - \_\_\_\_ a material witness
  - \_\_\_\_ a missing person
- \_\_\_\_ 5. The information is needed:
- \_\_\_\_ because the person is, or is suspected to be, the victim of a crime; or
  - \_\_\_\_ to determine if someone else committed a crime and time cannot be delayed until the victim approves the disclosure.

NOTE: Information that can be released under this exception is limited to eight (8) types: name; address; date/place of birth; SSN; blood type/RH factor; type of injury; date/time of treatment; date/time of death.

- \_\_\_\_ 6. Catawba County believes that the information is evidence of a crime that occurred \_\_\_\_\_  
(name of hospital, nursing home, etc.)
- \_\_\_\_ 7. The emergency health care worker who responded to an emergency outside the hospital has, and is permitted to disclose to law enforcement, information about:
- \_\_\_\_ the commission and nature of a crime
  - \_\_\_\_ location of the crime and victim(s)
  - \_\_\_\_ the identity, description or location of the perpetrator
- \_\_\_\_ 8. The information is related to the victim of abuse, neglect or domestic violence, and:
- \_\_\_\_ disclosure is required by law
  - \_\_\_\_ the individual has agreed to the disclosure
  - \_\_\_\_ authorized by law and necessary to prevent serious harm
  - \_\_\_\_ authorized by law and law enforcement represents information will not be used against individual and law enforcement activity depends on the disclosure and would be materially and adversely affected by waiting until the individual is able to agree.

NOTE: This exception is rare. Usually a subpoena is required.

- \_\_\_\_ 9. The medical examiner needs the information to determine cause of death.

- \_\_\_\_\_ 10. The information is needed to avert a serious threat to health/safety for the following reason(s):
- \_\_\_\_\_ the disclosure is necessary to avert a serious and imminent threat to a person's safety or the public.
  - \_\_\_\_\_ to identify or apprehend an individual because the individual admitted participating in a violent crime that may have caused serious physical harm to the victim.
  - \_\_\_\_\_ to identify or apprehend someone who escaped from a correctional institution or from lawful custody.
- \_\_\_\_\_ 11. One of the miscellaneous exceptions exist:
- \_\_\_\_\_ national security and intelligence
  - \_\_\_\_\_ protective services for the President and others
  - \_\_\_\_\_ jails, prisons, law enforcement custody to safeguard the prisoner
  - \_\_\_\_\_ corrections employees who are in proximity of the prisoner

\_\_\_\_\_  
Person's Name for information sought

\_\_\_\_\_  
Date of Occurrence

\_\_\_\_\_  
Law Enforcement Officer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Officer

\_\_\_\_\_  
Officer's Badge Number

\_\_\_\_\_  
Name of Requesting Agency

\_\_\_\_\_  
Officer's Telephone Number

\_\_\_\_\_  
Printed Name of EMS Employee  
Responding to Request

\_\_\_\_\_  
EMS Employee's Signature

\_\_\_\_\_  
Date